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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10699757
Filing Date	
First Named Inventor	10/3//03
Group Art Unit	
Examiner Name	
Attorney Docket Number	

To: Assistant Commiss Washington, DC 2	0231						
I hereby apply to withdo	raw as attorney or ag	ent for the above	identified	patent app	lication.		
The reasons for this req	est are:			rioen/id			
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1. 🔀 The corresponder	nce address is NOT a	ffected by this wi	thdrawal.	ondence to:			
2. Change the corre	spondence address a	ind direct air lutur	e correspe	771007100 101			
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Date 01/	108/2010						
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period for response or possible extension period, the request to withdraw is normally disapproved. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.